

**Willie M. Section
Division of Mental Health,
Developmental Disabilities, and
Substance Abuse Services
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

and

**Willie M. Programs Section
Division of Exceptional Children's Services
DEPARTMENT OF PUBLIC INSTRUCTION**

**PERFORMANCE EXPECTATIONS
FOR
DAY TREATMENT/EDUCATION SERVICES
FOR
WILLIE M. CLIENTS**

July 1, 1992

Updated 3/1999

I. EDUCATION AND ACADEMIC REMEDIATION

PRINCIPLE: Emphasis is placed on academic performance, rather than on behavioral outcomes, and academic success is viewed as the key to increased behavioral success in the regular school.

PERFORMANCE EXPECTATIONS:

- A. Education and therapy are regarded as equally important, and a strong academic program, tailored to individual needs, is evident in the day treatment/education design.
- B. The length of stay in day treatment is extended, if necessary, in order to provide the academic improvements that help to maintain behavioral and academic adjustment.
- C. The academic environment is characterized by enriched curricula and creative teaching approaches, and utilizes innovative instructional technology.
- D. Instructional methodology varies from student to student and is based on a thorough understanding of each child's abilities and learning styles.
- E. Children receive the positive feedback and experience the personal gratification that accompanies the development of competence.
- F. Children are helped to be good at something, especially schoolwork, and come to feel competent and worthwhile.
- G. Parents or parent substitutes receive daily feedback of a positive nature regarding the child's performance and receive training in reinforcing gains.
- H. The child's program reflects a thorough understanding of his instructional needs and the underlying barriers to his academic and behavioral success.
- I. The academic remediation prescribed for each child is based on complete, current, and accurate assessments.
- J. Each child participates in an accredited course of study leading toward the successful completion of his academic requirements.

II. COUNSELING AND THERAPY, INCLUDING CRISIS MANAGEMENT

PRINCIPLE: The program is designed to treat the whole child.

PERFORMANCE EXPECTATIONS:

- A. The program is based on a thorough, complete, current and accurate clinical formulation of the child, his needs, and his potential.
- B. Every child is directly involved in the development and evaluation of his own treatment plan.
- C. A written, outcome-based treatment plan is in place for each child.
- D. Each child's treatment plan is client-centered, addresses his needs and works off an understanding of his realistic potential at his anticipated point of exit from the day treatment setting.
- E. The child's plan in day treatment is correlated with his plans in every other component and with his T/HP and IEP.
- F. Every child has a clearly defined crisis management plan, both in terms of immediate crises that can be met within the program and more severe crises requiring inpatient stabilization. The plan is in written form, is realistic, and can be implemented without undue delay.
- G. The treatment staff is skilled in conveying an atmosphere of acceptance, capitalizing on the child's natural desire to belong to a group.
- H. The treatment staff utilizes a variety of therapies, based on the needs of individual students, and is flexible in adapting "models" to specific individuals.
- I. Clinical formulations view deviant behavior within the context of the child's total treatment needs and avoid labels to define the child's unique persona.
- J. Each child's program is formulated by an interdisciplinary treatment team.
- K. The treatment team readily accesses consultants and specialists to complement its expertise when the needs of the child are beyond the clinical resources of the staff.
- L. The treatment program reflects an understanding that the child must spend time outside the treatment setting where his behavior must approximate community standards.
- M. The treatment program is active in equipping the child to cope in the environment outside the treatment setting.
- N. The treatment program is designed to have daily and weekly closure so that the child is not left to cope with acute unresolved emotional issues when he leaves the program.
- O. The program enables the child to compose himself after arriving in the morning and to regain control and prepare for the return home.
- P. Emphasis is placed on treating the child within the context of his current family unit.

- Q. The setting is structured to respond quickly to episodic loss of control or severely disruptive behavior.
- R. The staff is skilled in assessing the child's emotional state and in facilitating access to his personal counselor whenever the child experiences the need to analyze and control his behavior.
- S. Clinical supervision is provided to the staff on a regular and routine basis.
- T. The staff is attuned to the child's basic needs, emotional as well as physical, and ensures, either directly or through linkages, that these needs are met.

III. VOCATIONAL TRAINING AND HABILITATION

PRINCIPLE: The day treatment/education services provide opportunities for each child to prepare for the transition from the world of childhood to the world of adulthood.

PERFORMANCE EXPECTATIONS:

- A. Skills training opportunities, tailored to the individual needs of each child, are made available on a regular basis.
- B. Skills training opportunities are designed to strengthen the child's innate abilities and remediate his deficits.
- C. Skills training is based on an accurate, complete, and ongoing assessment of the child's strengths, weaknesses, interests, and abilities.
- D. The staff is effective in accessing available resources (e.g., JTPA, Job Corps, Vocational Rehabilitation) for each child, and in designing and delivering client-specific services (e.g., subsidized employment, job coaching) when resources are not readily available or are not suitable to the child's needs.
- E. The staff is effective in coordinating the child's vocational training with the public school curriculum, obtaining credit toward graduation for vocational activities within and outside the school setting.
- F. Social reinforcers (e.g., praise, recognition, encouragement) and logical/natural reinforcers (e.g., salary, promotion, increased responsibility) are routinely used to help the child advance toward his vocational goals.
- G. Participation in prevocational/vocational activities is viewed as integral to the child's plan and is not contingent upon any system which requires the child to earn the right to participate.
- H. Parents, extended family members, mentors, Big Brothers, and volunteers are engaged, as appropriate, in providing employment opportunities and supervision for the child.
- I. Each child is guided through the process of setting appropriate vocational goals.

IV. SOCIAL SKILL TRAINING AND CONFLICT MANAGEMENT

PRINCIPLE: The fostering of healthy interpersonal relationships, based on trust and mutual respect, engenders the development of social competence and coping skills in children and adolescents.

PERFORMANCE EXPECTATIONS:

- A. Children learn to identify with wholesome adults and develop feelings of being loved and wanted.
- B. Children are encouraged, by word and example, to accept the values and standards of society, and recognize the personal benefits they derive from compliance.
- C. Children are provided with and guided through opportunities for developing adequate peer relationships.
- D. Children acquire, through structured sessions with peers and adults, the ability to negotiate settlements to conflicts in a socially acceptable manner.
- E. Children are provided with opportunities to develop ties to the community, thereby establishing feelings of being rooted where they belong.
- F. The staff communicates to each child that they know him, like him, and are there for him.
- G. The staff is able to apply the amount of external control necessary to compensate for the child's lack of internal control, and to fade external controls in response to the child's growth and progress.
- H. The day treatment environment is safe and every child feels safe in this setting.
- I. Children are expected to succeed, and expect themselves to succeed, and staff members structure interactions so that success is the predictable result.

V. LEISURE TIME, RECREATION, AND PHYSICAL TRAINING

PRINCIPLE: The day treatment/education services focus on the total child and not exclusively on his mental, emotional, or neurological deficits

PERFORMANCE EXPECTATIONS:

- A. Children are integrated into extra-curricular events at their home schools.
- B. Children are integrated into social clubs, attend school functions, and participate in athletic events.
- C. Leisure activities, which are both socially appropriate and “fun” are integrated into the treatment program and contribute to the child’s overall sense of well-being.
- D. Children are consistently engaged in appropriate leisure enterprises, which promote healthy, rewarding, and constructive social interactions.
- E. Leisure activities are integral to the comprehensive treatment/educational program, and children are afforded ample opportunities to select among and participate in a range of well-designed activity choices.
- F. Leisure activities are based on and tailored to each child’s interests, abilities, level of maturity, social competence and adaptation skills, intellectual functioning, and physical needs.
- G. The staff provides the child’s family with training, consultation, and education with respect to the pursuit of healthy leisure activities within the family setting.
- H. The staff actively participates in leisure activities, providing guidance, direction, encouragement, reinforcement, and appropriate role modeling.
- I. Children and adolescents are afforded opportunities to prepare and practice for participation in social events outside of the school environment, and they are provided opportunities to “process” these experiences with staff upon their return to school.

VI. FAMILY TREATMENT

PRINCIPLE: The child is viewed as an integral part of his ecology, and treatment is provided within an ecological framework.

PERFORMANCE EXPECTATIONS:

- A. Parents, or those providing residential care in lieu of the child's parents, are directly and consistently involved in the treatment and education of their children.
- B. The staff provides ongoing parent counseling, consultation, and education.
- C. The staff is sensitive to the needs, feelings, strengths, weaknesses, assets, and liabilities of parents, and individual staff members are able to explore these with them.
- D. The staff communicates *with* rather than *to* parents.
- E. Parents express positive feelings toward the staff and indicate that they feel valued by them.
- F. Staff members are able to discuss the clinical and educational needs of children with their parents without placing blame for their deficits on the parents.
- G. Family treatment is based on a realistic permanency plan for each child and is designed to achieve the goals outlined in his plan by the age of eighteen.
- H. Each child has a dynamic formulation that addresses the interactions within the child's total ecology, and this formulation drives his individualized treatment plan.
- I. Treatment interventions are designed to enhance the child's functioning within his family, his peer network, and his school or work environment.
- J. Staff members are skilled in meaningfully engaging parents in the treatment and education of their children and in overcoming resistance to treatment.
- K. When reunification of the family is a long-range goal, the staff is creative in providing the array of services the family needs to make the goal a reality.

VII. INDIVIDUALIZED AND PROGRAMMATIC BEHAVIOR MANAGEMENT

PRINCIPLE: The behavior management system is predicated on positive emotional relationships between staff and students, teaching them how to control their behavior.

PERFORMANCE EXPECTATIONS:

- A. The program design fosters a positive, caring, trusting relationship between the student and staff.
- B. Students come to value the staff personally and find their interactions with staff to be rewarding, as evidenced by the students' regular attendance, lack of runaway behavior, and appropriate interactions with the staff.
- C. Academic and social behaviors are routinely promoted by social reinforcers from the staff.
- D. Children replace defiant, aggressive, or inappropriate behavior with acceptable alternatives when interacting with authority figures, as well as with peers.
- E. Staff are trained to be consistent in the implementation of the established behavior management system.
- F. The environment itself is reinforcing to the child and contributes to his feelings of acceptance, emotional well-being, and personal safety and security.
- G. The behavior of the staff is as clearly defined in terms of expectations as is that of the students.
- H. Adult behavior conveys affection, security, acceptance, limitation, and pursuit of therapeutic goals.
- I. The system is designed to increase staff attention to appropriate behaviors and to minimize the time involved in dealing with maladaptive behaviors.
- J. The system is designed in conjunction with the psychological dimensions of human behavior and does not focus solely on observable, external behaviors.
- K. The staff displays a wide tolerance of symptom behavior and is able to use it for treatment purposes, avoiding a reliance on the criminal justice system as a means of modifying symptom behavior.

VIII. ADMINISTRATIVE PROGRAM MANAGEMENT

PRINCIPLE: The day treatment/education services are based on clear statements of philosophy and beliefs that drive the system and are consistent with the NC Statutes and Administrative Rules.

PERFORMANCE EXPECTATIONS:

- A. The philosophy is articulated in writing and outlines the outcomes expected for student participants.
- B. The administration is able to develop and utilize the resources it needs and to identify and overcome barriers to services for clients.
- C. All services are based on mutual trust and professional respect between mental health and public school personnel.
- D. The day treatment/education services are based on a clear understanding of the roles and responsibilities of mental health and the public schools, with clearly defined and agreed upon lines of authority and supervision.
- E. The “best and brightest” are employed in key positions, providing children with the skills they need to achieve the treatment and education goals set for them.
- F. Every staff member receives regular clinical supervision.
- G. The treatment team adequately addresses community safety issues when planning for clients in day treatment.
- H. The least restrictive environment concept is operationalized with clear statements addressing community safety issues.
- I. A “No Eject/No Reject” policy underlies the treatment team’s approach to admission, discharges, and responses to disruptive behavior.

REFERENCES

- Anderson, K. E. (1972). *Introduction to communication theory and practice*. Menlo Park, CA: Cummings Publishing.
- Baenen, R., Stephens, M., & Glenwick, D. (1986). Outcome in psychoeducational day school programs: A review. *American Journal of Orthopsychiatry*, 56, 263-270.
- Barker, R., & Hall, E. (1964). Participation in interschool events and extraschool activities. In R. Barker & P. Gump (Eds.), *Big school, small school. High school size and student behavior*. Stanford, CA: Stanford University Press
- Barth, R.P. (1986). *Social and cognitive treatment of children and adolescents*. San Francisco, CA: Jossey-Bass.
- Friedman, R., & Quick, J. (1983). Day treatment for adolescents: A five-year status report. (Paper # 160, available from Department of Technical Assistance and Consultation, Florida Mental Health Institute, University of South Florida, 13301 North 30th Street, Tampa, FL 33612).
- Hicks, T., & Munger, R. (1990). *Adolescent school day treatment. An implementation manual using the teaching-family model*. Raleigh, N.C.: N.C. Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- Hobbs, N. (1982). *The troubled and troubling child*. San Francisco: Jossey-Bass.
- Isaacs, M., & Goldman, S. (1985). *Profiles of residential and day treatment programs for severely emotionally disturbed youth*. Washington, D.C.: The CAASP Technical Assistance Center, Georgetown University Child Development Center.
- Knitzer, J. (1989, March). Children with emotional and behavioral problems and the public schools: A national perspective. Paper presented at the Second Annual Conference on Research on Children's Mental Health, Tampa, FL.
- Koret, S. (1982). The day treatment experiment. In G. Judy (Ed.) *Successful innovations in child guidance: Unique management techniques and services for children and their families* (pp. 382-392). Springfield, IL: Charles C. Thomas.
- Redl, F. & Wineman, D. (1965). *Children who hate*. New York: The Free Press.
- Redl, F. & Wineman, D. (1952). *Controls from within: Techniques for the treatment of the aggressive child*. New York: The Free Press.
- Reid, W.J. & Hanrahan, P. (1982). Recent evaluations in social work: Grounds for optimism. *Social Work*, 27, 328-340.
- Tolmach, J. (1985). "There ain't nobody on my side:" A new day treatment program for black urban youth. *Journal of Clinical Child Psychology*, 14, 214-219.
- Turnbull, A.P., & Turnbull, H.R. (1978). *Parents speak out. Views from the other side of a two-way mirror*. Columbus, OH: Merrill.

- Walker, H.M. (1979). *The acting out child: Coping with classroom disruption*. Boston: Allyn & Bacon.
- Walker, H.M. & Buckley, N.K. (1973). Teacher attention to appropriate and inappropriate classroom behavior: An individual case study. *Focus on Exceptional Children*, 5(3), 5-11.
- Williams, F. C. (1990). *Day treatment programs for seriously emotionally disturbed youth: A concept paper*. Raleigh, N.C.: N.C. Department of Human Resources, Division of Mental Health, Mental Retardation, and Substance Abuse Services, Mental Health Section, Child and Family Services Branch, Professional and Parent Resource Center.
- Zionts, P. (1985). *Teaching disturbed and disturbing students: An integrative approach*. Austin, TX: Pro-Ed, Inc.

The contributions of the following professionals are gratefully acknowledged:

Sharon Austin, Foothills Mental Health Center
Joan Bond, Department of Public Instruction
Linda Collin, NOVA, Inc.
Kathy Crouch, Department of Public Instruction
Jerri Fritzo, VGFW Mental Health Center
Anne Holt, Student Intern, **Willie M.** Section
Kathy Huson, Department of Health and Human Services
Bill Hussey, Department of Public Instruction
George Griffin, Department of Public Instruction
Lib Jicha, Smoky Mountain Mental Health Center
Roscoe Johnson, Student Intern, **Willie M.** Section
David LeMay, Department of Health and Human Services
Genny Ortman, Vance County Schools
Judith Stephens, **Willie M.** Review Panel
Marci White, Department of Health and Human Services

EXPLANATORY NOTE

In this document, the term “program” refers to the client’s individual education and treatment plan and its implementation, rather than to the therapeutic school itself. This specialized usage emphasizes that the “program” is a set of goals, objectives, curricula, and treatment interventions unique to each child, and that the needs of the child drive the design of his program.